

# Work Order ID 99003

\*990003\*

Page 1

March-28-13 10:48:23 AM

Item ID: D3284-003

Accept

\*N9000040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Stud

Start Date: 3/27/13

Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 3/27/13

Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals:

Process Plan: ML5

Date: 13-04-01

Tooling:

Date:

QC:

Date:

SPC (Y/N):

Date:

Run Start \*NR1\*

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

D3284

Rev

0.00

100

\*100\*

Purchasing

Purchasing

PURCHASING

Memo

0.00

Issue P/O: 19488 to Northern Aero Industries Order P/N: B80703-1  
Manufacture per B80703 Rev. A Certificate of Conformity is required

C2 13/04/03 (4)

110

Receive & Inspect for Damage & Mat'l Certs

0.00

\*110\*

Packaging

Packaging

Memo

0.00

Ensure certificate of conformity is attached

43/4/18 (4)

120

QC5- Inspect part completeness to step on W/O

0.00

\*120\*

QC

Quality Control

Memo

0.00

Visually inspect parts for thread damage, fit and cad plating

27

13.4.19

4

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Grain	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset	<input type="checkbox"/> Pressure/Forced
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration	<input type="checkbox"/> Temperature/Cure
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Weld
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Wrong Stock Pulled
			<input type="checkbox"/> Other

# Work Order ID 99003

\*990003\*

Page 2

March-28-13 10:48:23 AM

Item ID: D3284-003 Accept \*N9000040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Stud  
 Start Date: 3/27/13 Start Qty: 4.00 \*4\* Cust Item ID:  
 Required Date: 3/27/13 Req'd Qty: 4.00 \*4\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	Identify as per dwg & Stock Location: <u>ST037</u>	0.00							
*130*									
Packaging	Memo	0.00				4x			SP
Packaging									13-4-22
140	QC21- Final Inspection - Work Order Release	0.00							
*140*									
QC	Memo	0.00							13/4/23
Quality Control									

13-04-29

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  <div style="display: flex; justify-content: space-around;"> <div>Rework <input type="checkbox"/></div> <div>Skid-tube <input type="checkbox"/></div> <div>Crosstube <input type="checkbox"/></div> <div>Water Jet <input type="checkbox"/></div> <div>Engineering <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Scrap <input type="checkbox"/></div> <div>Machining <input type="checkbox"/></div> <div>Small Fab <input type="checkbox"/></div> <div>Prod. Eng. Coord. <input type="checkbox"/></div> <div>Quality <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Use-as-is <input type="checkbox"/></div> <div>Thermoforming <input type="checkbox"/></div> <div>Finishing <input type="checkbox"/></div> <div>Rec/Store/Packaging <input type="checkbox"/></div> <div>Other <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>Work Order Update <input type="checkbox"/></div> <div>Large Fab <input type="checkbox"/></div> <div>Composite <input type="checkbox"/></div> <div>Supplier <input type="checkbox"/></div> </div>	
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# Picklist Print

March-28-13 10:48:23 AM

Page 1

Work Order ID: 99003

Parent Item: D3284-003

Start Date: 3/27/13

Required Date: 3/27/13

Parent Item Name: Stud

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP B04.10.21Added Step 4KJ/JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
---------------------------------	------------------------	---------------	-------------	---------------------	------------------	-----------------	--------------------	----------------	-------------	--------------	---------------	----------------	--------

B80703-1 Stud		Purchased	No			110	Each	10.0000	1	4			
------------------	--	-----------	----	--	--	-----	------	---------	---	---	--	--	--

Location

Loc Qty

Loc Code

ST	10	
91674	4	
94018	2	
94286	4	

1913/4/13  
(4)

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b>  <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b>  <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other

# SPECIFICATION CONTROL DRAWING

DART P/N	SPECIFICATION
D3284-001 SLEEVE	ACS P/N B80702-1 PER ACS DWG B80702 REV. A
D3284-003 STUD	ACS P/N B80703-1 PER ACS DWG B80703 REV. A
D3284-005 STUD	ACS P/N B80704-1 PER ACS DWG B80704 REV. A
D3284-007 STUD	ACS P/N B80705-1 PER ACS DWG B80705 REV. B
D3284-009 BEARING	BHT P/N 47-140-252-5
D3284-011 BEARING	BHT P/N 205-060-101-001
D3284-021 TUBE ASSY	204-060-158-001 MODIFIED PER IIN-D205-708
D3284-023 BIPOD ASSY	204-060-155-001 MODIFIED PER IIN-D205-708
D3284-025 TRIPOD ASSY	204-060-157-001 MODIFIED PER IIN-D205-708
D3284-031 TUBE ASSY	205-060-107-001 MODIFIED PER IIN-D205-708
D3284-033 BIPOD ASSY	205-060-106-001 MODIFIED PER IIN-D205-708
D3284-035 TRIPOD ASSY	205-060-105-001 MODIFIED PER IIN-D205-708



**NOTE:**

FOR FUTURE PROCUREMENT, THE PURCHASE ORDER MUST SPECIFY THAT THE MATERIAL USED TO MANUFACTURE THE D3284-001/-003/-005/-007 PARTS MUST COMPLY WITH THE FOLLOWING SPECIFICATIONS:

AISI 4130 ROUND BAR PER AMS 6348/MIL-S-6758 WITH  
 MIN Ft<sub>u</sub> = 90 Ksi  
 MIN Ft<sub>y</sub> = 70 Ksi

EACH INDIVIDUAL ITEM TESTED BEFORE USE OR PROVEN TO EQUAL OR EXCEED THE ABOVE.

13-04-01  
 99003 M/S  
 WITNESS FOR  
 SIGNATURE  
 AUTHORIZED COPY  
 OF THIS DOCUMENT  
 DATE: 2010-03-25  
 BY: [Signature]

RELEASED

2010-03-25

B	ADD NOTE	RF	09.07.14
A	NEW ISSUE	KJ	04.05.06
REV.	DESCRIPTION	BY	DATE
DESIGN	DS	<b>DART AEROSPACE LTD</b> HAWKESBURY, ONTARIO, CANADA	
DRAWN	RF		
CHECKED	[Signature]	DRAWING NO. REV. B	
MFG. APPR.	[Signature]	D3284 SHEET 1 OF 1	
APPROVED	[Signature]	TITLE SCALE	
DE APPR.	[Signature]	ADJUSTABLE ENGINE MOUNT NTS	
DATE	09.07.14		
COPYRIGHT © 2004 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.			



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID **PO19488**

Purchase Order Date 4/03/13

PO Print Date 4/03/13

Page Number 1 of 1

**Order From :**

VU-NOR003

NORTHERN AERO INDUSTRIES LTD.  
25 DUNLOP AVENUE  
WINNIPEG, MB R2X 2V2  
CA

**Contact Name**

**Vendor Phone**

**Vendor Fax**

**Vendor Account Nbr**

204-772-9922

204772-7568

**Buyer**

**Requisition Nbr**

**Tax Resale Nbr**

**Terms**

**Currency**

**FOB**

Chantal Lavoie

10127-2607

Net 30

USD

Destination-Collect

**Ship To :**

DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAKED**  
04/13/103

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	B80703-1	Stud	4/10/13 Yes	4.00 Each	FedEx PI ppd	\$98.0000	\$392.00

**Special Inst:** AS PER DWG D3284 REV. B  
B99003

**PO Total:**

**\$392.00**

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

**Change Nbr:**

1

**Change Date:** 4/03/13

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required **YES** NO





Engineering, Certification & Manufacturing

## Packing Slip

**ACS-NAI Ltd.**

25 Dunlop Avenue  
R2X 2V2 Winnipeg  
Canada  
Tel : 204-772-9922  
Fax : 204-772-7568

Delivery No. : 3686  
Delivery Date : 04/17/2013  
SO No. : 28619  
Your Reference : PO: 19488  
Delivery Method : FEDEX  
Payment Condition : Net 30 Days

**Delivery to:** Dart Aerospace Ltd.

Attention: Chantal Lavoie  
1270 Aberdeen Street

Hawkesbury K6A 1K7  
Canada

Item	Description Batch Number	Total		Qty		Delivery Date
		Ordered	Unit	Delivered		
B80703-1	7/8" STUD 13-1686	4	EA	4		04/17/2013
Ship via FedEx P1 to Account # 151793240 email: clavoie@dartaero.com ph: 613-632-9577						
Packages: 0 Gross Weight: 0.00 Net Weight:						

**Ordered by:** Dart Aerospace Ltd.

Attention: Chantal Lavoie  
1270 Aberdeen Street  
Hawkesbury K6A 1K7  
Canada

**Invoice to:** Dart Aerospace Ltd.

Attention: Accounts  
1270 Aberdeen Street  
Hawkesbury K6A 1K7  
Canada

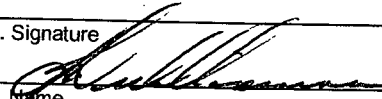
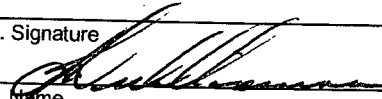
0.00

**Remarks****Certification Statement**

I hereby certify that the aircraft part(s) described hereon were  
acquired from a source of supply that is consistent with the  
conditions under which TCCA distributor approval-AMO88-97  
has been granted.

\_\_\_\_\_  
Signatory

\_\_\_\_\_  
Date:

1. Approving Civil Aviation Authority / Country <b>TRANSPORT CANADA</b>		2. <b>AUTHORIZED RELEASE CERTIFICATE FORM ONE</b>		3. Form tracking No. <b>28619-1</b>	
4. Organization name and address <b>ACS-NAI LTD.</b> 25 Dunlop Avenue Winnipeg, Manitoba R2X 2V2 Canada				5. Work Order/Contract/Invoice PO: 19488	
6. Item 1	7. Description 7/8" Stud	8. Part No. B80703-1	9. Qty. 4	10. Serial/Batch No. 13-1686	11. Status/Work New ..... ..... ..... ..... ..... ..... ..... .....
12. Remarks  THIS AERONAUTICAL PRODUCT CONFORMS TO APPROVED DESIGN DATA IN ACCORDANCE WITH TCCA STC SH99-11; (FAA STC SR00953NY).					
13a. Certifies that the items identified above were manufactured in conformity to:  <input checked="" type="checkbox"/> Approved design data and are in condition for safe operation.  <input type="checkbox"/> Non approved design data specified in block 12.			14a. <input checked="" type="checkbox"/> CAR 571.10 Maintenance Release  <input type="checkbox"/> Other regulations specified in block 12  Certifies that unless otherwise specified in block 12 the work identified in block 11 and described in block 12 has been performed in compliance with the Canadian Aviation Regulations.		
13b. Signature 	13c. Approved Organization Number <b>AMO-88-97</b>		14b. Authorized Signature 	14c. Approved Organization Number <b>AMO-88-97</b>	
13d. Name <b>R. D. WILLIAMSON</b>	13e. Date (dd mmm yyyy) <b>17-Apr-13</b>		14d. Name <b>R. D. WILLIAMSON</b>	14e. Date (dd mmm yyyy) <b>17-Apr-13</b>	
<b>INSTALLER RESPONSIBILITIES</b>					
This certificate does not constitute authority to install.  Installers working in accordance with the national regulations of a country other than that specified in Block 1 MUST ensure that their regulations recognize certifications from the country specified.  Statements in block 13a and 14a do not constitute installation certification. In all cases, the technical record for the aircraft must contain an installation certification issued in accordance with the applicable national regulations before the aircraft may be flown.					